**Council Meeting of** 

Agenda Item No. \_

# REQUEST FOR COUNCIL ACTION

**SUBJECT:** 

Class B Beer

**SUMMARY:** 

Approve a Class B Beer License and a Full Restaurant Alcohol for

Black Sheep Bar & Grill

**FISCAL** 

**IMPACT:** 

The City will receive a beer license fee in the amount of \$625.00

for a Class B Beer, Restaurant Alcohol

STAFF RECOMMENDATION:

Staff recommends approval of a Class B Beer and Restaurant

Alcohol

**MOTION RECOMMENDED:** 

"I move to approve the Class B Beer for Black Sheep Bar & Grill

located at 1520 West 9000 South West Jordan, Utah 84088

Roll Call vote required

Prepared by:

**Business License Coordinator** 

Reviewed by:

Ryan Bradshaw

Finance Manager

Reviewed by:

Chief Doug Diamond Police Chief

Richard Davis

Recommended by:

Interim City Manager

### **BACKGROUND DISCUSSION:**

Black Sheep Bar & Grill are a Club bar and restaurant. Matt and his brother Dave have operated The Point After Sports Bar & Grill at the Sports mall in Murray for many years and would like to expand their business to West Jordan. It will be located at 1520 West 9000 South the will be serving a full restaurant menu with a full bar. Matt and Dave are very excited to serve the citizens of West Jordan.



# INTEROFFICE MEMORANDUM

TO: Chief Doug Diamond

CC: Larry C Montgomery, Ryan Bradshaw

FROM: Marsha Lancaster SUBJECT: Class B Beer DATE: December 29, 2014

Attached is an application for Black Sheep Bar & Grill located at 1520 West 9000 South, West Jordan, Utah 84088. Matthew Milton and Dave Milton are the owners and will be overseeing and managing all of the operations and training. There will be a City Council Agenda Action that will be needed. I have the information included in this packet for our police department to run back ground checks that are needed.

Sincerely,

Marsha M. Lancaster

**Business License Coordinator** 



# CLASS B BEER AND RESTAURANT LIQUOR LICENSE APPLICATION

## **NOTICE**

ALCOHOLIC SALES LICENSING APPLICATIONS TO WEST JORDAN CITY REQUIRE APPROVAL BEFORE THE LICENSE CAN BE ISSUED. NO IMMEDIATE PRIVILEGE IS GRANTED WITH THE COMPLETION OF AN APPLICATION.

THIS APPLICATION DOES NOT AUTHORIZE THE SALE, OR DISPLAY FOR SALE, OF ALCOHOLIC BEVERAGES UNTIL THE LICENSE HAS BEEN ISSUED.

Registered Business Name (DBA): Black Sheep Bare Grill

Corporation Name: Fef, INC.

Business Address: 1520 N. 90005. Phone:

Mailing Address: 1520 N. 90005. West Joedan wt 84088

Name of Owner: MAHH Miltons

Phone (Home): (Work): 801 209-6631

Owner Address:

Type of business or organization:

[] Proprietorship [] Corporation
[] Partnership [] Non-Profit Organization
[] I Limited Liability Company

A \$300,00 non-refundable application, investigation and processing fee is required at the

 $\chi$  A \$300.00 non-refundable application, investigation and processing fee is required at the time of application in addition to the annual licensing fee.

I/We hereby apply to the West Jordan City Council for the following license(s):

Class B Retail Beer – Original container or on draft sales for on premises consumption which furnish meals in good faith to the guests and patrons thereof.

\$325.00 - Annual License Fee

Restaurant Liquor – Original container or on draft sales for on premises consumption which furnish meals in good faith to the guests and patrons thereof. Requires possession of State Restaurant Liquor License.

\$300.00 – Annual License Fee



### **BONDING COMPANY**

(Required as per West Jordan Municipal Code Title 4-1B-10: Bond required from applicant for class B license.)

| Class 2 in the service of the servic |
|--|
| Name of bonding company: Old Republic Surety Company   |
| Address of bonding company:  |
| Is bonding company licensed to do business in Utah? [X] Yes [] No  |
| A \$5,000.00 bond is attached: Yes [] No   |
| NOTIFICATION   |
| Provide the name and address of person to whom notification of violations and/or notification of official administrative action concerning the license should be sent. This person and address may NOT be the business address for which the license is issued. If the licensee is a national or regional business, the name and address must be the area, regional or national office   |
| headquarters.  Name: MAH Milton  |
| SAHLAKE City ut 8406 84106   |
| Telephone:   |

An **applicant** means any person or individual applying for a license. If the application is made by a corporation, partnership, individual or entity doing business under an assumed name, each partner, principal, officer, director and any shareholder (corporate or personal) of more than 20% of the stock of the business entity shall also be considered an applicant.

The following is taken from Alcohol Beverage Municipal Code Title 4-1B-5: Application and Disclosure:

- B. Class B: An applicant seeking a class B beer sales license within the city for consumption on the premises shall provide a written application on forms provided by the city. The application shall be accompanied by:
  - 1. The correct legal name of each applicant, corporation, partnership, limited partnership or entity doing business under an assumed name.
  - 2. If the applicant is a corporation, partnership, limited partnership, individual or entity doing business under an assumed name, submittal of the information



#### **POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

Phyllis M. Johnson of Brookfield, WI

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding \$10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds), as follows: Effective Date: 12/11/2014 12:00:00 AM

Bond Number: W150212497

Bond Amount:

Five Thousand Dollars

\$ 5,000.00

Anglism. Johnson
Assistant Secretary

Principal Name: E & F, Inc. Black Sheep Bar and Grill Obligee Name: West Jordan City of West Jordan, UT

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
- (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
- (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

|  | 4 4 4 4                           | OLD REPU<br>day of .            | BLIC SURETY COMP<br>Decembe   |                                  | sed these preser<br>2014  | nts to be sign                 | ed by its proper  | officer, and its cor | porate seal to be                                    |
|--|-----------------------------------|---------------------------------|---|----------------------------------|---|--------------------------------|---|----------------------|--|
| affixed this   |                                   | uay or .                        |   | uning.                           | SURF  | (                              | OLD REPUBLI   | C SURETY COM         | <b>IPANY</b>   |
| Phyle  | ism. ofo                          | hnser                           | <i>U</i>  | · ·                              | APONATE CONTRACTOR TO SERVICE TO |                                | <u> U</u>   | n Mice               |  |
| STATE OF WIS   | Assistant                         | ecretary                        |   | Thomas.                          | **************************************  |                                |   |                      |  |
|  |                                   |                                 |   | 2014                             | personally came   | before me,                     |   | Alan Pavlic          |  |
| and Phyllis M.   | Johnson                           |                                 | December  | _ , to me know                   | n to be the indiv   | iduals and of                  | icers of the OLD  | REPUBLIC SUF         | RETY COMPANY   |
| who executed the   | e above instru<br>officers of the | ment, and the<br>corporation a  | ey each acknowledged<br>foresaid, and that the<br>ly affixed and subscrib | the execution<br>seal affixed to | of the same, at<br>the above instru   | nd being by n<br>ment is the s | ne duly sworn, one duly sworn, one duly sworn, one duly sworn, or | ation, and that sa   | id corporate seal oration.                           |
|  |                                   |                                 |   | 10                               | ~UBL\\  |                                | No  | itary Public         |  |
|  |                                   |                                 |   | ·                                |   | My Commi                       | ssion Expires:  | 09/28/2              | 2018   |
| CERTIFICATE I, the unde Power of Attorn Attorney, are no 0485153 | ey remains in                     | ant secretary<br>full force and | of the OLD REPUBLI<br>has not been revoke                                 | C SURETY Co                      | OMPANY, a Wis   | consin corpo                   | ration, CERTIFY   | that the foregoing   | late this instrumenting and attached in the Power of |
|  | SE SE                             | AL Z                            | Signed and sealed a   | it the City of Br                | ookfield, WI this   | 11th                           | day of  | December             | 2014   |

ORSC 22262 (3-06)



required for individual applicants for each partner, principal, officer, director and any shareholder (corporate or personal) of more than 20% of the stock of any applicant. Any holding company or any entity holding more and 20% of an applicant shall be considered an applicant for purposes of disclosure under this article.

- 3. Identification by all corporations, partnerships or noncorporate entities included on the application of each individual authorized by the corporation, partnership or noncorporate entity to sign the checks for such corporation, partnership or noncorporate entity.
- 4. For all applicants, a statement of:
  - a. Any other names or aliases used the individual;
  - b. The age, date and place of birth;
  - c. Height;
  - d. Weight;
  - e. Color of hair;
  - f. Color of eyes;
  - g. Present business address and telephone number (if applicable);
  - h. Present residence and telephone number;
  - i. Utah driver's license or identification number; and
  - i. Social security number.
- 5. Acceptable written proof that an individual is at least 21 years of age and a U.S. citizen.
- 6. A statement of the business, occupation and employment history of the applicant for three years immediately preceding the date of the filing of the application.
- 7. A statement detailing the license and permit history of the applicant for the five year period immediately preceding the date of the filing of the application, including:
  - a. Whether such applicant previously operated or was seeking to operate a business authorized to allow consumption of alcohol on the premises in this or any other county, city, state or territory.
  - b. Whether such applicant has ever had a license, permit or authorization to do business denied, revoked or suspended.
  - c. In the event of any such denial, revocation or suspension, a statement of the date, the name of the issuing or denying jurisdiction, and the



- 15. Copies of the written policies, procedures, training materials and other methods which the applicant will use to ensure compliance with the laws relating to the marketing and sale of alcoholic beverages. The applicant must also sign a statement certifying that all employees have been trained in these policies, procedures and laws.
- 16. Any other information which the city may require to accurately evaluate the merits of the application.

#### **COMPANY POLICIES**

A copy of written company policies and procedures concerning the marketing and sales of alcoholic beverages are attached. [Yes [] No

If such written company policies and procedures are not attached, fully explain why. (Attach a separate page to the back of this application.)

I/We certify that we have read the foregoing application and that the statements made therein are true. I/We recognize that any license to be issued hereunder is a mere revocable privilege and shall not confer any vested rights of any kind or nature upon me/us or my/our successors. The license applied for, if granted, shall be deemed to be personal and NON-TRANSFERRABLE to any other person or organization, or to any other location.

I/We have read the West Jordan City ordinances pertaining to the sale and use of alcoholic beverages and agree to abide by their terms. I/We recognize that any violation of said ordinances may jeopardize the license issued and that said violation will justify the City Manager's/City Council's revocation or suspension of the license to be issued. The said violations may also subject the bond I/We have filed herewith to forfeiture to the City and may further subject the offender to criminal prosecution. Any knowing misstatement, omission or misrepresentation of a material fact in this application will result in the revocation of the license issued.

| SIGNATURE WWW.         | DATE 12-15-14 |
|------------------------|---------------|
| SIGNATURE MARE MUST    | DATE 12/15/14 |
| SIGNATURE              | DATE          |
| WITNESS Marsha Warrant | DATE 12/15/14 |
|                        |               |



reasons for the denial, revocation or suspension. A copy of any order of denial, revocation or suspension shall be attached to the application.

- 8. Disclosure of all misdemeanor criminal convictions or pleas of no contest for five years prior to the application date and all felony convictions or pleas of no contest, and the disposition of all such convictions or pleas of no contest for the applicant, individual, or other entity subject to disclosure under this chapter. This disclosure shall include identification of all ordinance violations, except minor traffic offenses (any traffic offense designated a class B misdemeanor shall not be construed as a minor traffic offense), stating the date, place, nature of each conviction or plea of no contest, sentence of each conviction or other disposition; identifying the convicting jurisdiction and sentencing court; and providing the court identifying case numbers or docket numbers. Application for an alcohol business license shall constitute a waiver of disclosure of any criminal conviction or plea of no contest for the purposes of any proceeding involving the business or employee license. Each applicant will be required to sign a release authorizing the city to perform a criminal background check.
- 9. Copies of the applicant's business license (if available) and of the application to the state for a liquor license.
- 10. A map drawn to scale showing evidence of proximity to any religious facilities, schools, public parks, day care centers, sexually oriented business or other business currently possessing any license which allows it to serve or sell liquor or beer.
- 11. Evidence that the business is carrying dramshop insurance coverage of at least \$100,000.00 per occurrence, and \$300,000.00 in the aggregate.
- 12. A nonrefundable application fee in an amount adopted by the City Council in its uniform fee schedule.
- 13. At least three character references who meet the following qualifications:
  - a. The person giving the reference must have known the applicant for a minimum of five years.
  - b. The person giving the reference must be of good repute.
  - c. The person giving the reference may not be a relative of the applicant.
- 14. A signed consent form provided by the applicant stating that the licensee will permit any representative of the city or any law enforcement officer unrestricted right to enter the licensed premises.



## Old Republic Surety Company

| BOND NO. | W150212497 |
|----------|------------|
|          |            |

## LICENSE BOND

| KNOW ALL MEN BY THESE PR                               |   |                | E & F, Inc. Black          | Sheep Bar and Grill           |                     |
|--|---|----------------|----------------------------|-------------------------------|---------------------|
| 1520 W 9000 South West                                 | Old Republic S                            | urety Com      | nanv                       | organized under the law       | up of the state of  |
| as Principal, andWisconsin                             | , as Surety, are h                        | eld and firm   | ly bound unto              | organized under the lav       | ws of the state of  |
|  |   |                | of West Jordan, UT         |                               | ,                   |
| as Obligee in the sum of                               |   | Five           | Thousand Dollars (\$       | 5,000.00)                     |                     |
| lawful money of the United State                       |   |                |                            |                               | rs, administrators, |
| successors and assigns, jointly                        | and severally, firmly, h                  | by these pre   | sents.                     |                               |                     |
| WHEREAS, the said Princip                              | al has applied to said o<br>West Jordan C | Obligee for a  | a license to or permit as  | s a<br>ONLY                   |                     |
| NOW, THEREFORE, THE CO                                 | NDITION OF THIS OBL                       | IGATION IS     | SUCH, That if the said I   | Principal shall indemnify sai | id Obligee against  |
| all loss which the Obligee may be                      | subject by reason of s                    | aid Principal  | s non-compliance cause     | d by said Principal's breach  | of any ordinance,   |
| rule or regulation relating thereto                    | o , then the above obliga                 | ation shall b  | e void, otherwise to be    | and remain in full force and  | d effect.           |
| This obligation may be cancel                          | ed by said Surety by g                    | iving thirty ( | 30) days notice in writin  | g of its intention to do so   | to said Obligee;    |
| and provided further, that nothin                      |   |                |                            |                               |                     |
| of termination; and the said Su<br>by the said Obligee | urety shall be relieved o                 | of any furthe  | r liability under this bon | d thirty (30) days after rec  | eipt of said notice |
| The term of this bond is for a                         | period commencing                         |                | 12/                        | 11/2014                       |                     |
| and is continuous until cancelled                      |   |                |                            |                               |                     |
|  |   |                |                            |                               |                     |
| Signed, sealed and dated the                           | 11th                                      | - day of ——    | December                   |                               |                     |
|  |   | E 8            | k F, Inc. Black S          | heep Bar and Grill            |                     |
|  |   | Ву —           | MAMA                       |                               | Principal           |
|  |   | Old            | Republic Surety Co         | mpany                         |                     |
|  |   | Ву             | Phyllis M.                 | fohnom Asst Sed               |                     |
|  |   |                |                            | ,                             | Attorney-in-fact    |

CORPORATE SEAL 1991

# UTAH DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL 1625 S 900 W • PO Box 30408 • Salt Lake City, UT 84130-0408 • Phone (801) 977-6800 • Fax (801) 977-6889

## "CLUB BOND"

|   |  | вог   | ND #   | W150212494  |   |
|---|--|---|--|---|---|
| KNOW ALL PERSONS  | BY THESE PRES  | SENTS:  |  |   |   |
| That Principal,   |  |   |  | ub liquor licensee, do<br>_, and  | C   |
| Old Republic Sure of Wisconsin Department of Alcoholic bind ourselves and our rep   | and authorize Beverage Control is  | ed to do business<br>n the sum of <b>\$10,0</b> 0   | in Utah,<br><b>90,</b> for wh  | , and d existing under the lare held and bound ich payment will be notes presents.  | unto the Utah   |
| Dated this 11th day of  | f <u>December</u>  | ,   |  |   |   |
| THE CONDITION OF  | THIS OBLIGATIO   | ON IS SUCH THA  | T:   |   |   |
| WHEREAS, the above pr<br>a club liquor license pursu  | incipal has made ap<br>ant to the provision  | oplication to the Uta<br>as of 32B-5-204, Ut  | ah Alcoho<br>ah Code.  | lic Beverage Control (  | Commission for  |
| NOW, THEREFORE, if provisions of Title 32B, Commission and the Utah principal, its officers, ages or orders as the commiss payable to the Utah Depa effective 12/12/2 of Alcoholic Beverage C provided however, that no proceedings are pending a | Utah Code, and the Department of Alcoholism or department artment of Alcoholism on the United States of this bond. | ne rules and direct coholic Beverage C fail to comply with may issue, then the Beverage Controls canceled by servicellation shall be e shall be withdrawn | ives of the ontrol, the the provisuis bond sol. This to ce of write ffective 3 | e Utah Alcoholic Be<br>on this bond shall be valid<br>sions of the laws, rule<br>shall be in full force<br>bond shall run for a content ten notice upon the U<br>O days after receipt | void; but, if said is and directives and effect and continuing term of such notice; |
| Old Republic Surety Com<br>Surety   | npany  | E&FInc. The E   | Black Sheep<br>ipal / Licen  |   |   |
| Attorney in fact  | Asst Secretary   | Autho   | orized signat  | ure   |   |
| { Corporate Seal  | }  | MATTM   | 1 L TOY  | PRES  |   |

# STATUTORY AFFIDAVIT FOR CORPORATE SURETY

| STATE OF: VVISCOTSIT                           |                              |                 |                  |                |             |              |
|--|------------------------------|-----------------|------------------|----------------|-------------|--------------|
| COUNTY OF: Waukesh                             | ıa                           | <del>,</del>    |                  |                |             |              |
|  | on, v                        | vho, being by r | ne duly sworn,   | did say that   | he / she is | the attorney |
|  | lic Surety Company           |                 | •                |                |             |              |
| said surety by authority, and                  | acknowledged to              | me that he / sh | e as such attorr | ney in fact ex | ecuted the  | same.        |
| Kolluzz R. Le<br>Notary Public Signatur        | onson                        | OTAR            | A                |                |             |              |
| Notary Public Signatur Commission Expires: 09/ | re & <i>Seal</i><br>/28/2018 | PUBLIC          |                  |                |             |              |

Note: Corporate surety's own affidavit also acceptable



POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and Phyllis M. Johnson of Brookfield, WI appoint:

its true and lawful Attorney(s)-in-Fact, with full power and authority, not exceeding \$10,000,000, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note quaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, asbestos abatement contract bonds, waste management bonds, hazardous waste remediation bonds or black lung bonds), as follows: Effective Date: 12/12/2014 12:00:00 AM

Bond Number: W150212494

**Bond Amount:** 

Ten Thousand Dollars

\$10,000.00

Principal Name: E & F Inc. The Black Sheep Bar & Grill

Obligee Name: Utah Dept. of Alcoholic Bev of Salt Lake City, UT

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18,1982.

RESOLVED that the president, any vice president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
- when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
- when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

| Signature and scar wi      |                     |                             |  |  |                                       |                  |
|----------------------------|---------------------|-----------------------------|--|--|---------------------------------------|------------------|
| IN WITNESS WHER            |                     | BLIC SURETY COMP<br>Decembe | PANY has caused these prese<br>er 2014         | ents to be signed                      | d by its proper officer, and its corp | orate seal to be |
| anixed this                | uay or _            |                             | SHEET SHEET                                    | 0                                      | LD REPUBLIC SURETY COMP               | ANY              |
|                            |                     |                             | Million C. |  | 1 / /                                 |                  |
| $\circ$                    | ^ 1                 |                             | COMPONATE O                                    |  |                                       |                  |
| Phylism.                   | John moren          | ر ا                         | SEAL   |  | My IMIC                               |                  |
| 1 7000037171               | Socratary           |                             | 1981   | ************************************** | President                             |                  |
| <del>-</del>               | -                   |                             | Managamannan M.                                |  |                                       |                  |
| STATE OF WISCONSIN,        | COUNTY OF WAU       | KESHA - SS                  |  |  | At D. T.                              |                  |
| On this11th                | day of              | December                    | ,2014, personally came                         | e before me, 🔔                         | Alan Pavlic                           |                  |
| Dhyllic M. Johnson         |                     |                             | _ , to me known to be the indi                 | viduals and offic                      | cers of the OLD REPUBLIC SURE         | TY COMPANY       |
|                            | nstrument, and the  | y each acknowledge          | d the execution of the same, a                 | and being by m                         | e duly sworn, did severally depos     | e and say: that  |
|                            | file corneration a  | forceaid, and that the      | seal affixed to the above instit               | ument is the sea                       | al of the corporation, and mat said   | Corporate sear   |
| and their signatures as su | ch officers were du | y affixed and subscrit      | ed to the said instrument by the               | ne authority of th                     | ne board of directors of said corpo   | ration.          |
|                            |                     |                             |  |  |                                       |                  |
|                            |                     |                             |  |  |                                       |                  |
|                            |                     |                             | 2 40 WAY                                       | 1/ 1/                                  | · · · · · · · · · · · · · · · · · · · |                  |
|                            |                     |                             |  | MENCE                                  | Non 1C. Clarson                       |                  |
|                            |                     |                             | W ~UBL   |  | Notary Public                         |                  |

My Commission Expires:

09/28/2018

CERTIFICATE

(Expiration of notary's commission does not invalidate this instrument)

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force

0485153

Signed and sealed at the City of Brookfield, WI this

Myllism. Johnson Assistant Secretary

OP ID: JW

ACORD'

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/12/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER             |   | CONTACT JAMES WELCH                                 |              |  |  |  |  |  |
|----------------------|---|---|--------------|--|--|--|--|--|
| Statewide            | Ins. Agency, LLC<br>ellwood Lane, Ste 125       | PHONE (A/C, No, Ext): 801-506-5060 FAX (A/C, No): 8 | 301-506-5069 |  |  |  |  |  |
| Murray, U<br>JAMES W | T 84123   | E-MAIL<br>ADDRESS; jim@statewideslc.com             |              |  |  |  |  |  |
| JAMES W              | ELON  | INSURER(S) AFFORDING COVERAGE                       | NAIC#        |  |  |  |  |  |
|                      |   | INSURER A: Auto-Owners Insurance                    | 18988        |  |  |  |  |  |
| INSURED              | E & F, Inc., DBA:                               | INSURER B : Hudson Specialty Insurance Co.          |              |  |  |  |  |  |
|                      | The Black Sheep Bar & Grill Dave or Matt Milton | INSURER C : Employers Insurance Group               |              |  |  |  |  |  |
|                      | 1520 W 9000 South                               | INSURER D :   |              |  |  |  |  |  |
|                      | West Jordan, UT 84088                           | INSURER E :   |              |  |  |  |  |  |
|                      |   | INSURER F:  |              |  |  |  |  |  |

#### COVERAGES CERTIFICATE NUMBER:

#### **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR |        | TYPE OF INSURANCE                                |      | SUBF |                    | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP   | LIMIT  | s  | -           |
|------|--------|--|------|------|--------------------|----------------------------|--------------|--|----|-------------|
| A    | X      | COMMERCIAL GENERAL LIABILITY                     | INSD | WVD  | Total Home         | TAMES DE LA TATAL          | (MMODD)1111) | EACH OCCURRENCE                              | \$ | 1,000,000   |
|      |        | CLAIMS-MADE X OCCUR                              |      |      | AO01102015-01B     | 01/10/2015                 | 01/10/2016   | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ | 300,000     |
|      |        |  |      |      |                    |                            |              | MED EXP (Any one person)                     | \$ | 10,000      |
|      |        |  |      |      |                    |                            |              | PERSONAL & ADV INJURY                        | \$ | 1,000,000   |
|      | GEN    | L'L AGGREGATE LIMIT APPLIES PER:                 |      |      |                    |                            |              | GENERAL AGGREGATE                            | \$ | 2,000,000   |
|      | X      | POLICY PRO-<br>JECT LOC                          |      | 1    |                    |                            |              | PRODUCTS - COMP/OP AGG                       | \$ | 2,000,000   |
| l    |        | OTHER:   |      |      |                    |                            |              | ļ  | \$ |             |
|      | AUT    | OMOBILE LIABILITY                                |      |      |                    |                            |              | COMBINED SINGLE LIMIT (Ea accident)          | \$ |             |
|      |        | ANY AUTO   |      |      |                    |                            |              | BODILY INJURY (Per person)                   | \$ |             |
|      |        | ALL OWNED SCHEDULED AUTOS                        |      |      |                    |                            |              | BODILY INJURY (Per accident)                 | \$ |             |
|      |        | HIRED AUTOS NON-OWNED AUTOS                      |      |      |                    |                            |              | PROPERTY DAMAGE<br>(Per accident)            | \$ |             |
|      |        |  |      |      |                    |                            |              |  | \$ | <del></del> |
|      |        | UMBRELLA LIAB OCCUR                              |      |      |                    |                            |              | EACH OCCURRENCE                              | \$ |             |
|      |        | EXCESS LIAB CLAIMS-MADE                          |      |      |                    |                            |              | AGGREGATE                                    | \$ |             |
|      |        | DED RETENTION \$                                 |      |      |                    |                            |              |  | \$ |             |
|      |        | KERS COMPENSATION EMPLOYERS' LIABILITY           |      |      |                    |                            |              | PER X OTH-                                   |    |             |
| С    | ANY    | PROPRIETOR/PARTNER/EXECUTIVE                     | N/A  |      | EWC12112014 -B02   | 01/10/2015                 | 01/10/2016   | E.L. EACH ACCIDENT                           | \$ | 500,000     |
|      | (Man   | datory in NH)                                    |      |      |                    |                            |              | E.L. DISEASE - EA EMPLOYEE                   | \$ | 500,000     |
|      | If yes | , describe under<br>CRIPTION OF OPERATIONS below |      |      |                    |                            |              | E.L. DISEASE - POLICY LIMIT                  | \$ | 500,000     |
| В    | LIQ    | JOR LIABILITY                                    | 7    | Ī    | LLUT2573974B08-B03 | 12/20/2014                 | 12/20/2015   | OCCURRENC                                    |    | 1,000,000   |
|      |        |  |      |      |                    |                            |              | AGGREGATE                                    |    | 2,000,000   |
|      |        |  |      | 1    |                    |                            |              |  |    |             |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CLUB WITH FOOD

CERTIFICATE HOLDER

CANCELLATION

WEST JORDAN CITY 8000 SOUTH REDWOOD RD WEST JORDAN, UT 84088 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Sumo DI Welch cza

# Black Sheep Bar & Grill

### RESPONSIBLE ALCOHOL SERVICE PROGRAM

Black Sheep Bar & Grill is committed to the responsible service of alcoholic beverages. In accordance to this commitment, all employees are required to follow the procedures listed below:

- 1. No employee will serve an alcoholic beverage to anyone under the age of 21.
- 2. All employees will scan and/or carefully check Identification of anyone who appears to be under 35 years of age.
  - a. Acceptable documentation is a valid Utah driver's license with a photo or a photo ID issued by the state of Utah, a military identification card, or a passport. (ALL must be valid and have a picture and date of birth)
  - b. The employee will scan the identification in accordance with Utah law. All non-scanning I.D.'s will be logged and must include name, date of birth, I.D. Number, expiration, issuing body.
- 3. No employee will grant admittance to a customer who is or appears to already be intoxicated.
- 4. No employee will serve an alcoholic beverage to anyone who is or appears to already be intoxicated.
- 5. No employee will serve alcoholic beverages to anyone to the point of intoxication.
- 6. It is the employee's responsibility to notify all other employees when a customer shows signs of intoxication or is requesting alcoholic beverages above the limits of responsible beverage service and stop service immediately.
- 7. Any intoxicated customer wishing to leave the establishment will be urged to use alternative transportation. They may call a friend or relative, taxi or shuttle service. If they cannot afford alternative transportation, it will be provided by the establishment.
- 8. All employees are obligated to inform a Manager whom will then alert law enforcement when intervention attempts fail.
- 9. No employee will drink alcoholic beverages while working.
- 10. All employees who serve/sell alcoholic beverages will successfully complete a Utah DABC certified Seller/Server training course when beginning employment.

THE SALE/SERVICE OF ALCOHOLIC BEVERAGES SHOULD NOT BE A ROUTINE. ALL CUSTOMERS AND CIRCUMSTANCES ARE UNIQUE.

THE MANAGEMENT FULLY SUPPORTS THESE POLICIES AND WILL STAND BEHIND OUR EMPLOYEES IN THEIR DECISIONS TO PROMOTE RESPONSIBLE SERVICE.



# PARTNER, PRINCIPAL, OFFICER, AND DIRECTOR

The following personal information must be furnished for each partner, principal, officer and director who own more than 20% of the stock. Any holding company or any entity holding more than 20% should also give the same information. This will expedite the background check.

| Name/Aliases: MAH Milton  | Name/Aliases: DAVE Milton             |
|---|---------------------------------------|
| Business Address:   | Business Address:                     |
| 1520 H. 90005.  | 1520 W. 9000 S.                       |
| West GORDAN UT 84088  | West gordan ut 84088                  |
| Business Telephone:   | Business Telephone:                   |
| Residence Address:  | Residence Address:                    |
| SLC Ut  | HollAday Wt                           |
| Residence Telephone:  | Residence Telephone:                  |
| Utah Driver's License #:  | Utah Driver's License #               |
| Social Security #:  | Social Security                       |
| Date of Birth:  | Date of Birth:                        |
| Place of Birth:   | Place of Birth:                       |
| Height: <u>C2"</u> Weight: <u>J25</u> Hair Color: <u>BEN</u> Eye Color: <u>B/LE</u> | Height: <u>60"</u> Weight: <u>370</u> |
| Hair Color: BEN Eye Color: BluE   | Hair Color: BEN Eye Color: BluE       |
| Name/Aliases:   | Name/Aliases:                         |
| Business Telephone:   | Business Telephone:                   |
| Residence Address:  | Residence Address:                    |
| Residence Telephone:  | Residence Telephone:                  |
| Utah Driver's License #:  | Utah Driver's License #:              |
| Social Security #:  | Social Security #:                    |
| Date of Birth:  | Date of Birth:                        |
| Place of Birth:   | Place of Birth:                       |
| Height: Weight:   | Height: Weight:                       |
| Hair Color: Eye Color:  | Hair Color: Eye Color:                |

# West Jordan Police Department 8040 South Redwood Road West Jordan, Utah 84088 801-256-2000

# APPLICATION FOR CRIMINAL HISTORY RECORD REVIEW

Your application will not be processed unless all sections of this form are filled out completely

| 1 our appriculation with not be processed and the second s |
|--|
| NAME: Milton DAVID THOMAS DATE OF BIRTH  |
|  |
| PREVIOUSLY USED NAME(S) (Maiden, etc.) DAVE MILE   |
|  |
| MAILING ADDRESS: Holladay Ut   |
| HOME PHONE NUMBER:   |
| ALTERNATE PHONE NUMBER: 801 231-3168   |
| SOCIAL SECURITY NUMBER:  |
| DRIVER LICENSE# AND STATE:   |
| PHYSICAL DESCRIPTION:  |
| 6'0" 270 BUE MACE  |
| HGT WGT EYE COLOR SEA  |
|  |
| I hereby make application to review and receive my Otah Computerized Criminal History:   |
| I hereby make application to review and receive my Otah Computerized Criminal History:  Signature of applicant:  Date: 13-15-14  |
|  |
|  |
| FOR OFFICE USE ONLY:  Confirm identify of applicant with identification that shows photo, signature and date of birth. Confirm ID with the information   |
| above, then list the type of ID used and the ID number in the space provided below.  |
| A DRIVEY AND TOPOTORICATION INFORMATION  |
| Type of identification used: Identification number:  |
| 4 7 1 4 4  |
| Processed by:  |
| NIA  |
| Processed by: Wikul M  Results: UCCH None:   |
| Miscellaneous info Spillman new.   |
|  |

| INSTRUCTIONS FOR WAIVER: The waiver is required when application is made and you wish to have this information sent/given to someone other than yourself. This waiver must be signed and dated. |
|---|
| I request that the criminal history information requested be released to:  Attn:  City Of West Jordan   |
| Address: 8000 S. Redwood Rd   |
| City/State/Zip: West Jordan, Utah 84088   |
| I hereby release the City of West Jordan from any liability resulting from such request.  |
| Signature of Applicant: Want half   |
| Date: 12/15/14  |

# West Jordan Police Department 8040 South Redwood Road West Jordan, Utah 84088 801-256-2000

# APPLICATION FOR CRIMINAL HISTORY RECORD REVIEW

Your application will not be processed unless all sections of this form are filled out completely

| NAME: MILTON WAT   | THEW HY                          | DE DATE OF BIRTH   | 12-9-64        |
|--|----------------------------------|--|----------------|
| Last Name First Name PREVIOUSLY USED NAME(S) (Maiden   | Middle Name<br>, etc.) MATT      |  |                |
| MAILING ADDRESS  |                                  | 54   | C NT           |
| HOME PHONE NUMBER:   |                                  |  |                |
| ALTERNATE PHONE NUMBER:  |                                  |  |                |
| SOCIAL SECURITY NUMBER:_   |                                  |  | . 3            |
| DRIVER LICENSE# AND STATE  |                                  | /  | -              |
| PHYSICAL DESCRIPTION:  6 2 2 25  HGT WGT   | BLUE                             | MALE   | WHITE          |
| HGT WGT  | EYE COLOR                        | SEX  | RACE           |
| I hereby make application to review and receive  Signature of applicant:   |                                  | D  | Pate: 17-14-14 |
| FOR OFFICE USE ONLY: Confirm identify of applicant with identification above, then list the type of ID used and the ID many applicant IDENTIFICATION INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION | umber in the space prov<br>ATION | iture and date of birth. Confinited below.  Identification number: |                |
| Type of identification used:   |                                  | Identification number  |                |
| Processed by: Wikel M  |                                  |  |                |
| Results: UCCH VIA  | None:                            |  |                |
| Miscellaneous info Spillman  | neg .                            |  |                |

| INSTRUCTIONS FOR WAIVER: The waiver is required when application is made and you wish to have this information sent/given to someone other than yourself. This waiver must be signed and dated. |
|---|
| I request that the criminal history information requested be released to:  Attn: City Of West Jordan  |
| Address: 8000 S. Redwood Rd   |
| City/State/Zip: West Jordan, Utah 84088   |
| I hereby release the City of West Jordan from any liability resulting from such request.  |
| Signature of Applicant:   |
| Date: 12-15-14  |



NOTICE: PAGES 8-11 WILL NEED TO BE FILLED OUT BY EACH PARTNER, PRINCIPAL, OFFICER, DIRECTOR WITH 20% STOCK OWNERSHIP AND MANAGERS AND ASSISTANT MANAGERS.

## MANAGER/ASSISTANT MANAGER

## PERSONAL INFORMATION

| Name/Title: DAVE Milfor!                       | OWNER / MAN       | AGER              |
|--|-------------------|-------------------|
| Business Name: Black Sheep BAR                 | \$ GRI11          |                   |
| Business Address: 1520 W. 9000 S               | : West ABROAD     | Jut 84088         |
| Business Phone:                                | Home Phone:       |                   |
| Residence Address.                             | <del></del>       |                   |
| Age: Date of Birth:                            | Place of Birth: _ | - 11 1. Le ad. uf |
| Height: <u>6'</u> Weight: <u>270</u> H         | air Color: Bed    | Eye Color: BluE   |
| Utah Driver's License #:                       |                   | · /               |
| SSN #  |                   |                   |
| Number of years employed by company: As I      | Manager: 6 Mo     | Total: 20 YRS     |
|  |                   | ·                 |
| EMPLOYMENT HISTORY                             |                   |                   |
| Employment history for the last 5 years (Class | <u>; B):</u>      |                   |
| OWNED COPERATED THE POIN                       | FATTER SAON       | ts BAREGRILL      |
| At The somets Mall MURKAY                      | •                 |                   |



# CITY OF WEST JORDAN ORDINANCE PERTAINING TO THE SALE OF ALCOHOLIC BEVERAGES

I have read the West Jordan City ordinances pertaining to the sale and use of alcoholic beverages and agree to abide by their terms. I recognize that any violation of said ordinances may jeopardize the license issued and that said violation will justify the City Manager's/City Council's revocation or suspension of the license to be issued. The said violation may also subject the bond my employer has filed herewith to forfeiture to the City and may further subject the offender to criminal prosecution. Any knowing misstatement, omission or misrepresentation of a material fact in this application will result in the revocation of the license issued.

| PRINT NAME DAVE Milton |               |
|------------------------|---------------|
| SIGNATURE Wave hulf    | DATE 12/15/14 |
| WITNESS Mewle Monday   | DATE 12/15/14 |
|                        | <b>,</b>      |



## **EMPLOYEE TRAINING**

I hereby swear that all my current employees have received training on the written policies, procedures and laws relating to the marketing and sale of alcoholic beverages.

| PRINT NAME DAVE Milton |               |
|------------------------|---------------|
| SIGNATURE Wave fuelt   | DATE 12/15/14 |
| WITNESS MustaWXancustr | DATE 12/5/14  |
|                        | , , ,         |



## RIGHT TO ENTER PREMISES

# CONSENT FORM

Having made application for an Alcohol Sales License with the City of West Jordan, I hereby authorize any representative of the City of West Jordan or any law enforcement officer unrestricted right to enter the licensed premises to verify compliance with the local ordinances and statutes regarding the marketing and sale of alcoholic beverages.

| PRINT NAME DAVE Milton |               |
|------------------------|---------------|
| SIGNATURE Was hell     | DATE 12/15/14 |
| WITNESS Marsha Manush  | DATE 12/15/14 |
|                        | •             |



NOTICE: PAGES 8-11 WILL NEED TO BE FILLED OUT BY EACH PARTNER, PRINCIPAL, OFFICER, DIRECTOR WITH 20% STOCK OWNERSHIP AND MANAGERS AND ASSISTANT MANAGERS.

# MANAGER/ASSISTANT MANAGER

### PERSONAL INFORMATION

| Name/Title: MATT MILTON OWNER MANAGERZ                                 |
|--|
| Business Name: BLACK SHEEP BAR & GRILL                                 |
| Business Address: 1520 W 90th 5 WEST JORDAN UT 84088                   |
| Business Phone: Home Phone:  |
| Residence Address:   |
| Age: Jate of Birth Place of Birth:                                     |
| Height: 6'2" Weight: 225 Hair Color: BROWN Eye Color: BLUE             |
| Utah Driver's License #: Expiration Date:                              |
| SSN #:   |
| EMPLOYMENT HISTORY  Employment history for the last 5 years (Class B): |
|  |
| OWNED AND MANAGED THE POINT AFTER SPORTS                               |
| PAR IS MURRAY IST  |



# CITY OF WEST JORDAN ORDINANCE PERTAINING TO THE SALE OF ALCOHOLIC BEVERAGES

I have read the West Jordan City ordinances pertaining to the sale and use of alcoholic beverages and agree to abide by their terms. I recognize that any violation of said ordinances may jeopardize the license issued and that said violation will justify the City Manager's/City Council's revocation or suspension of the license to be issued. The said violation may also subject the bond my employer has filed herewith to forfeiture to the City and may further subject the offender to criminal prosecution. Any knowing misstatement, omission or misrepresentation of a material fact in this application will result in the revocation of the license issued.

| PRINT NAME MATT MILTON   |               |
|--------------------------|---------------|
| SIGNATURE MAME           | DATE 12-15-14 |
| WITNESS Markety Soulas 5 | DATE 19/15/14 |
| WIII                     |               |



# EMPLOYEE TRAINING

I hereby swear that all my current employees have received training on the written policies, procedures and laws relating to the marketing and sale of alcoholic beverages.

| PRINT NAME MATT MILTON |               |
|------------------------|---------------|
| SIGNATURE MAM          | DATE 12-15-14 |
| WITNESS Marlan Januach | DATE 12/15/14 |
| WITHESS NACHUY & START | 2.22          |

| THE S.M.A.R.T. PROGRAM 182544                              |
|--|
| 801-265-9435 This Class is Authorized by the State of Utal |
| Name MATT MILTON   |
| Successfully completed the Alcohol Server Training.        |
| Seminar Date: 1 - 29 - 13                                  |
| Certificate expires: 1-29-16                               |
| Instructor: TERIZY DIANA                                   |

| THE S.M.A.R.T. PROGRAM 182543 801-265-9435 This Class is Authorized by the State of Utah |
|--|
| Name DAYE MILTON   |
| Successfully completed the Alcohol Server Training.                                      |
| Seminar Date: 1-29-13  |
| Certificate expires: 1-29-16   |
| Instructor: JERRY DIANA  |

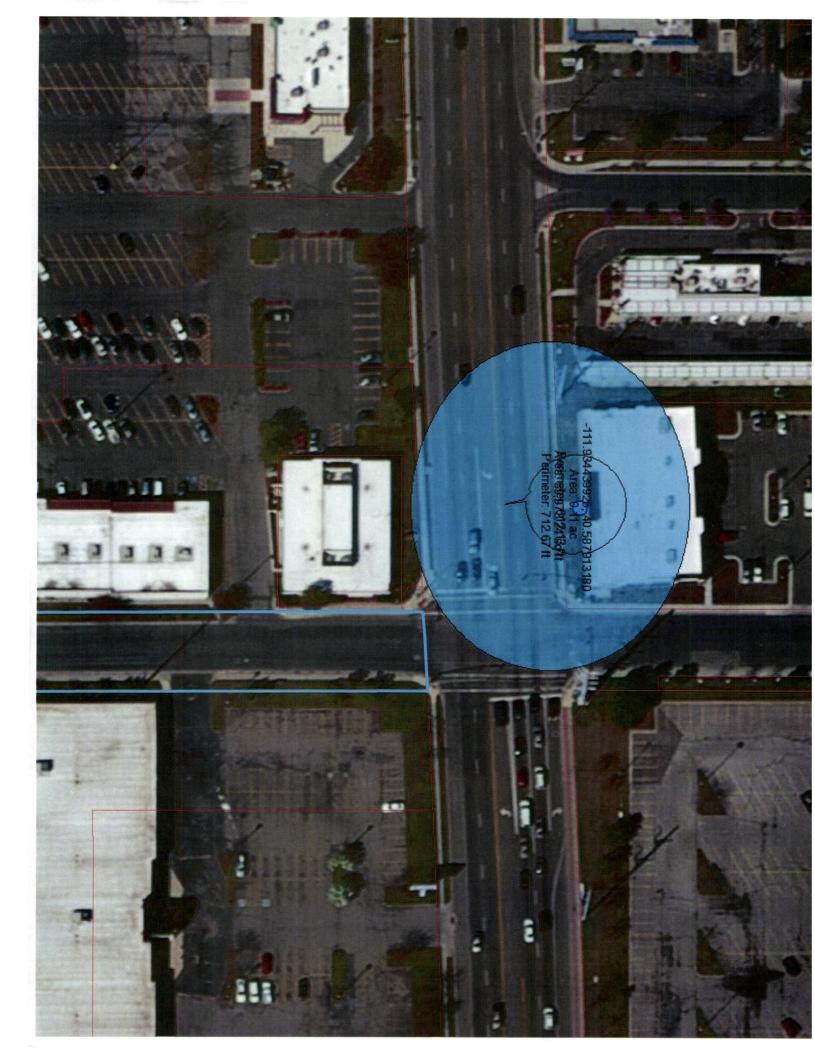


## Old Republic Surety Company

| BOND NO. | W150212497 |
|----------|------------|
| DOND NO  |            |

## **LICENSE BOND**

| KNOW ALL MEN BY THESE                           | PRESENTS, That we _                | E & F, Inc. Black Sheep Bar and Grill |                          |  |                    |  |  |
|---|------------------------------------|---------------------------------------|--------------------------|--|--------------------|--|--|
| 1520 W 9000 South Wes                           | t Jordan, UT 84088                 | 3                                     |                          |  | ,                  |  |  |
| as Principal, and                               | Old Republic Surety Company        |                                       |                          | _ organized under the laws of the state of |                    |  |  |
| Wisconsin                                       | , as Surety, are                   | -                                     |                          |  | -                  |  |  |
|   | West Jo                            | ordan City of                         | West Jordan, UT          |  | ,                  |  |  |
| as Obligee in the sum of                        | Five Thousand Dollars (\$5,000.00) |                                       |                          |  |                    |  |  |
| lawful money of the United Sta                  | tes, for which payment,            | well and truly to                     | o be made, we bind ou    | rselves, our heirs, executors              | , administrators,  |  |  |
| successors and assigns, joint                   | ly and severally, firmly,          | by these pres                         | ents.                    |  |                    |  |  |
| WHEREAS, the said Princ                         |                                    |                                       | license to or permit as  |  |                    |  |  |
|   |                                    |                                       |                          |  |                    |  |  |
| NOW, THEREFORE, THE C                           | ONDITION OF THIS OF                | BLIGATION IS S                        | SUCH, That if the said F | Principal shall indemnify said             | l Obligee against  |  |  |
| all loss which the Obligee may                  | be subject by reason of            | said Principal's                      | non-compliance cause     | d by said Principal's breach o             | of any ordinance,  |  |  |
| rule or regulation relating ther                | eto , then the above obli          | gation shall be                       | void, otherwise to be    | and remain in full force and               | effect.            |  |  |
| This obligation may be cand                     | celed by said Surety by            | giving thirty (30                     | 0) days notice in writin | g of its intention to do so t              | o said Obligee;    |  |  |
| and provided further, that noth                 | ing herein shall affect a          | any rights or lia                     | bilities which shall hav | ve accrued under this bond                 | prior to the date  |  |  |
| f termination; and the said by the said Obligee | Surety shall be relieved           | d of any further                      | liability under this bon | d thirty (30) days after rece              | ipt of said notice |  |  |
| The term of this bond is for                    | a period commencing 12/11/2014     |                                       |                          |  |                    |  |  |
| and is continuous until cancel                  |                                    |                                       |                          |  |                    |  |  |
| and is commuous unin cancer                     | ieu.                               |                                       |                          |  |                    |  |  |
| Signed, sealed and dated th                     | e11th                              | — day of ——                           | December                 |  |                    |  |  |
|   |                                    | E &                                   | F, Inc. Black Ş          | heep Bar and Grill                         |                    |  |  |
|   |                                    |                                       | MAUNA                    |  | Principal          |  |  |
|   |                                    | ву —                                  | 110111145                |  |                    |  |  |
|   |                                    | Old I                                 | Republic Surety Co       | mpany                                      |                    |  |  |
|   |                                    | Bv                                    | Phyllis M.               | fohnsen Asst Seco                          | retary             |  |  |
|   |                                    | <u>.</u>                              |                          | J  |                    |  |  |





## **West Jordan Police**

8040 South Redwood Road West Jordan, Utah 84088 (801) 256-2000 Fax (801) 562-2105

> Douglas L. Diamond Chief of Police

January 20, 2015

Attn: Marsha Lancaster Finance Department

Dear Marsha,

I received the application for a Class B Beer and Restaurant Liquor License for the Black Sheep Bar & Grill, located at 1520 West 9000 South. It has been reviewed and I can see no reason for one not to be issued to them.

If you have any questions, please feel free to contact me at extension 2001.

Sincerely,

Douglas L. Diamond

for chief Diamond

Chief of Police

DLD/knj